



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health

Acute Care

I. Center Identification

Organization Name: WILLIAMS EYE SURGERY CENTER

Street Address: 6836 Hohman Avenue

City: Hammond

County: Lake

ASC Web Address:

Fiscal Year: 2012

Accredited: ☒ Yes ☐ No

Name of Accrediting Body: AAHC

Deemed Status: ☐ Yes ☒ No

Corporate Tax Status: ☒ For Profit ☐ Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1626	1626
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1156	
66821	200	
66761	17	
66850	1	
66982	252	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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